

STATE OF LOUISIANA
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION	Medical and Remedial Care and Services	Any Other Medical Care and Any Other Type of Medical Care Recognized Under State Law Specified by the Secretary
42 CFR 440.170	Item 24.a.	<u>Transportation Services</u> are reimbursed as follows:

I. Method of Payment

A. Emergency Medical Transportation

1. Land-Based Ambulances

The rate of reimbursement for land based ambulances through Title XIX funds is the same as Medicare's established rates for an emergency ambulance transport, basic life support (BLS), advanced life support (ALS) and mileage, oxygen, intravenous fluids, and disposable supplies administered during the emergency ambulance transport minus the amount paid by any liable third party coverage.

The Department ensures through post pay review that all services are medically appropriate for the level of care billed and have been provided in accordance with the ALS or BLS certification level of the ambulance service.

STATE <u>Louisiana</u>	A
DATE RECD <u>OCT 03 1995</u>	
DATE APVD <u>JUN 05 1996</u>	
DATE EFF <u>JUL 07 1995</u>	
HCFA 179 <u>95-43</u>	

95-43 Approval Date 06/05/96 Effective Date 07/07/95
Supersedes
TN# 95-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B
Item 24.a. Page 1a

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION Medical and
42 CFR Remedial
440.170 Care and Services
 Item 24.a. (cont'd.)

2. Air Transport

The rate of reimbursement for air transport is base rate plus mileage according to rates in effect for Medicare as of January 1, 1995, minus the amount paid by any liable third party coverage.

Separate reimbursement for oxygen and disposable supplies is made when the provider incurs these costs. Reimbursement for these services will be made in accordance with the rates previously established by Medicare and approved by Medicaid effective April 1, 1995.

Payment for air mileage is limited to actual air miles from the pick-up point to the point of delivery of the patient.

Payment for a round trip transport on the same day between two hospitals is the base rate plus the round trip mileage.

STATE <u>Louisiana</u>	A
DATE REC'D <u>OCT 03 1995</u>	
DATE APP'D <u>JUN 05 1996</u>	
DATE EFF <u>JUL 01 1995</u>	
HCFA 179 <u>95-43</u>	

95-43 Approval Date 06/05/96 Effective Date 07/07/95
Supersedes
TN# 95-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 4.19-B
Item 24.a. Page 2

YMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

<u>CITATION</u>	Medical and	B. Non-Emergency Medical Transportation
42 CFR	Remedial	
440.170	Care and Services	1. Capitated Payment
	Item 24.a. (cont'd.)	

Payment for non-emergency transportation to regular, predictable, and continuing medical services, such as hemodialysis, chemotherapy, or rehabilitation therapy is a monthly capitated payment based on number of trips and distance traveled.

2. Per-Trip Payment

a. Profit Providers

Providers are reimbursed \$15 for round trips up to 65 miles. For each additional 1-30 miles, \$7 is added to the rate. This rate was adopted statewide from the contracted rate paid under the freedom of choice waiver which was operated in the New Orleans region for 6 years. Using this methodology, a fee schedule was adopted which provides for flat fees for predetermined, frequently traveled routes. When transportation is requested for routes not available under the flat fee schedule, negotiated rates are calculated based on distance to be traveled.

STATE <u>Louisiana</u>		A
DATE RECD	<u>OCT 03 1995</u>	
DATE APP'D	<u>JUN 05 1996</u>	
DATE EFF	<u>JUL 07 1995</u>	
HCFA 179	<u>95-43</u>	

95-43 Approval Date 06/05/96 Effective Date 07/07/95
supersedes
TN# 94-30

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR

440.170

Medical and Remedial

Care and Services

Item 24.a. (cont'd.)

b. Family and Friend Providers

Providers are reimbursed at one-half of the for-profit rate for round trips up to 65 miles. When transportation is requested for distances greater than 65 miles, rates are calculated based on distance to be traveled.

c. Non-Profit Providers

For round trips up to 65 miles, providers are reimbursed at the for-profit rate reduced by \$3. When transportation is requested for distances greater than 65 miles, rates are calculated based on distance to be traveled.

d. Aircraft and Buses

Medically necessary non-emergency transportation provided by commercial aircraft and buses are reimbursed at their usual and customary rate, subject to maximum limitations based on historical costs for such trips.

e. Ambulances

Medically necessary non-emergency ambulance transportation services are reimbursed at eighty percent (80%) of the providers' rate for the service established by the Bureau of Health Services Financing which was in effect as of July 6, 1995, minus the amount which any third party would pay for that provider.

STATE	<u>Louisiana</u>
DATE RECD	<u>10-03-95</u>
DATE APPLD	<u>05-29-96</u> A
DATE EFF	<u>07-07-95</u>
HCFA 179	<u>95-42</u>

95-42 Approval Date 05/29/96 Effective Date 07/07/95
ersedes
TN# 94-30

AYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICES LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION	Medical and Remedial Care and Services	Item 24.a. (cont'd.)
42 CFR 440.170		<p>Trips for nonambulatory recipients are reimbursed at an enhanced rate to accommodate the cost associated with more expensive vehicles, more time in loading, and less capacity in transporting.</p> <p>An enhanced payment is negotiated by the Bureau for the least costly feasible method of transport when transportation is not available at the above rates.</p>

II. Standards for Participation

Emergency and non-emergency medical transportation providers must be certified by the Bureau of health Services Financing in order to participate in Medicaid.

All advanced life support (ALS) and basic life support (BLS) ambulance services must be certified by the Department of Health and Hospitals, Bureau of Health Services Financing in order to receive Medicaid reimbursement and all ALS or BLS services must be provided in accordance with the state law and regulations governing the administration of these services. All (ALS and BLS) ambulance services must comply with the state law and regulations governing the personnel certifications of the emergency medical technicians administered by the Department of Health and Hospital's Bureau of Emergency Medical Services.

STATE <u>Louisiana</u>	A
DATE REC'D <u>OCT 03 1995</u>	
DATE APP'D <u>JUN 05 1996</u>	
DATE EFF <u>JUL 07 1995</u>	
HCFA 179 <u>95-43</u>	

95-43 Approval Date 06/05/96 Effective Date 07/02/95
Supersedes
TN# 95-35

STATE PLAN UNDER TITLE XIX OF THE SOCIAL
SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Attachment 4.19-B
Item 24.d.

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -- OTHER TYPES
OF CARE OR SERVICES LISTED IN SECTION 1905(a) OF THE ACT THAT IS INCLUDED
IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

42 CFR 447.201

MEDICAL AND REMEDIAL CARE AND SERVICES
Item 24.d.

NURSING FACILITY SERVICES FOR PATIENTS UNDER 21
YEARS OF AGE

Reimbursement for all nursing facility services is located in
Attachment 4.19-D.

STATE <u>Louisiana</u>	A
DATE <u>03-28-97</u>	
DATE <u>05-13-97</u>	
DATE <u>01-01-97</u>	
HCFA 179 <u>97-07</u>	

TN#

97-07

Approval Date

5/13/97

Effective Date

01/01/97

Supersedes

TN#

None-New Page